

Response To Notice To File Missing Parts Of Application  
Filing Date Granted (PTO-1533)(Large Entity)

Docket No. #4  
DP-302479

In Re Application Of: LaBARGE, ET AL.

Serial No.  
09/745,849

Filing Date  
DECEMBER 21, 2000

Examiner

Group Art Unit

Invention: NOx ADSORBER

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Box Missing Parts

This is a response to the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533) mailed on  
APRIL 3, 2001  
Date

Enclosed herewith for filing are the following:

- ☒ A copy of the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533). **(REQUIRED)**
- ☐ An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date.
- ☐ A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date.
- ☐ An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date.
- ☐ A verified English translation of the non-English language application papers as originally filed. It is requested that this translation be used as the copy for examination purposes in the United States Patent and Trademark Office.
- ☒ Other (list):

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Docket Number and Title

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☒ Completion of application fees as calculated below:

- |   |          |
|---|----------|
| <input checked="" type="checkbox"/> Utility application filing fee  | \$710.00 |
| <input type="checkbox"/> Design application filing fee  | _____    |
| <input checked="" type="checkbox"/> Total number of independent claims = 6  | \$240.00 |
| <input checked="" type="checkbox"/> Total number of claims = 17   | _____    |
| <input type="checkbox"/> Multiple dependent claims  | _____    |
| <input checked="" type="checkbox"/> Surcharge for late payment of filing fee and/or late filing of original declaration or oath | \$130.00 |
| <input type="checkbox"/> Petition and fee for filing by other than all the inventors or a person not the inventor               | _____    |
| <input type="checkbox"/> Fee for processing an application filed with a non-English language specification                      | _____    |
| <input type="checkbox"/> Fee for processing and retention of application  | _____    |

Total completion of application fees \$1,080.00

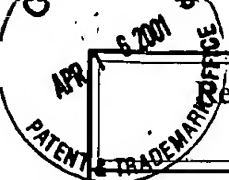
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the above-identified Notice to File Missing Parts of Application. The requested extension is as follows (check time period desired). If an additional time extension is required, please consider this a petition therefor.

- ☐ One month    ☐ Two months    ☐ Three months    ☐ Four months    ☐ Five months

from: \_\_\_\_\_ until: \_\_\_\_\_  
Date Date

Total time extension fees \_\_\_\_\_

Total fees due \$1,080.00



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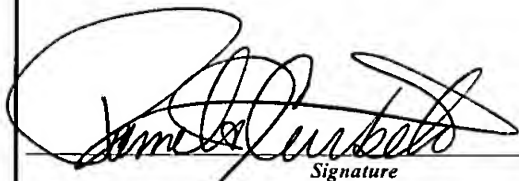
Invention: **NOx ADSORBER**

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The fee of **\$1,080.00** is to be paid as follows:

- ☐ A check in the amount of the fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. **50-0831**  
A duplicate copy of this sheet is enclosed.
- ☐ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No.  
A duplicate copy of this sheet is enclosed.

  
*Signature*

**PAMELA J. CURBELO**  
**REGISTRATION NO. 34,676**  
**CUSTOMER NO. 23413**  
**(860) 286-2929**

Dated: **APRIL 13, 2001**

I certify that this document and fee is being deposited  
on **APRIL 13, 2001** with the U.S. Postal Service as  
first class mail under 37 C.F.R. 1.8 and is addressed to the  
Assistant Commissioner for Patents, Washington, D.C.  
20231.

  
*Signature of Person Mailing Correspondence*

**SONIA MANCINI**

*Typed or Printed Name of Person Mailing Correspondence*

CC: